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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 767

Place of Birth Miami Arizona County Esila No. 1021 Leapt Hill St.

SEX OF CHILD * F Twin Triple or other and Number in order of birth

AGE OF BIRTH * Sept 29 1923
(Month) (Day) (Year)

FULL NAME Jose Ybarra FATHER

FULL MAIDEN NAME Cirila Ybarra MOTHER Vargas

I HEREBY CERTIFY that the child described herein
has been named

MARY ELEANOR YBARRA

(Give name in full)

(Surname)

Cirila V. Ybarra
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5/20/41

481-929-352

RECEIVED
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